

Part D helps, but sickest still skip doses due to cost

The Part D prescription drug benefit has helped reduce the number of people with Medicare who skip doses or otherwise alter their medication regimen because of costs, but it has had little impact on the behavior of people with Medicare who have severe illnesses or disabilities, according to a new study published in the Journal of the American Medical Association.

The survey found modest declines after Part D began in 2006 in the number of people with Medicare who skipped doses, split pills or skimped on food and other necessities because of the cost of drugs. The survey included people with Medicare enrolled in Part D and those who remain without drug coverage or who have drug coverage through an employer.

The results were less positive among people who have Medicare because of a disability or those in poor health or with multiple illnesses. Although these individuals were less likely to



forsgo spending on necessities after Part D began, there was no decline in skipping doses or other "cost-related non-adherence" to drug regimens. The authors explained that many of these individuals already had drug coverage through Medicaid prior to Part D. Also, individuals with serious health problems are more likely to have drug spending high enough to put them in the "doughnut hole," the gap in Part D coverage when enrollees must begin to pay the full cost of their drugs.



Dear friends,

This newsletter is designed to keep you up to date about the Prescription Connection program and to keep you in the know about the various prescription assistance programs that are available. From time to time, we also include items of interest related to Medicare and the State Health Insurance Counseling program.

If you have items of interest that you think should be included in this newsletter, we would love to hear about them. Please contact Sharon St. Aubin at sstaubin@nd.gov or call 1.888.575.6611.

A handwritten signature in blue ink that reads "Adam W. Hamm".

Adam W. Hamm
Insurance Commissioner

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Small pharmacies say they're not worried

Wal-Mart's latest move to expand its discounted prescription drug program means more competition for mom-and-pop drugstores and small independent pharmacy chains in the Nashville area. But independent owners such as Shane Reeves of Reeves-Sain Drug Store in Murfreesboro don't sound worried.

Instead, the smaller players said they would continue to compete on service, and by matching prices of the big retailers, whose lower drug prices are seen by some as a marketing pitch meant to draw more customers into their stores.

"Pharmaceuticals unfortunately are becoming a commodity like coffee beans and wheat and consumers don't value relationships with pharmacists the way they once did," said Reeves, co-owner of the two-store chain. "But we're not worried about it as an independent pharmacist because we're still in the relationship business."

Wal-Mart, the nation's largest retailer, said that it would expand the program under which it charges \$4 for a month's supply of more than 350 generic prescription drugs by offering a 90-day supply for \$10.

The company also added several women's medications to its list of prescriptions available for \$9, including drugs to treat breast cancer and hormone deficiency. And it said it would lower the price of more than 1,000 over-the-counter drugs.



"It's just a continuation of a company positioning themselves as a source of value for the consumer," said analyst John Lawrence of Morgan Keegan & Co., adding the \$4 discount prescription program has helped Wal-Mart "a little bit."

Wal-Mart estimated that customers in Tennessee have saved more than \$35 million under the \$4 prescription program. "It should mean tremendous savings to our customers," said Ed Lee, Wal-Mart's pharmacy district manager for Middle Tennessee about the announced expansion.

For example, the company estimates that a month's supply of alendronate, a generic version of the osteoporosis drug Fosamax, now costs \$9 instead of about \$69.

A similar supply of tamoxifen, medications to treat breast cancer, now costs \$9 instead of about \$54.

Source: The Tennessean

Changes coming in patient assistance program coverages

In June many of the drug companies are removing the brand names for these drugs and covering only the generic:

<u>Brand name</u>	<u>Generic name</u>
Toprol XL	metoprolol succinate
Fosamax	alendronate sodium
Zyrtec	(OTC)
Protonix	pantoprazole sodium
Verelan PM	verapamil hydrochloride SR
Coreg	carvedilol

Many insured residents having trouble paying for medical expenses because of less-extensive coverage, higher premiums

In addition to increasing the number of uninsured, the "economic slowdown" also is "threatening millions of people who have insurance" but are underinsured or are struggling to afford their premiums, copayments and other out-of-pocket expenses, the *New York Times* reports. Since 2001, an employee's average annual premium cost for family health coverage has nearly doubled from \$1,800 to \$3,300, yet at the same time, "incomes have come nowhere close to keeping up," according to the *Times*. The share of income that the average U.S. household spends on health care has risen by about 12 percent, and health care expenses now account for nearly one-fifth of the average household's

total spending, according to the consulting and accounting firm Deloitte.

As a result, many of the 158 million U.S. residents with employer-sponsored coverage "are struggling to meet medical expenses that are much higher than they used to be." Some people are forced to choose between a routine visit to a physician and basic expenses, according to the *Times*. In addition, many people's coverage "may not adequately protect them from the financial shock" of an emergency department visit or a major surgery, the *Times* reports.

Source: Kaiser Network

New medication added to Rx outreach

Fluticasone (Flonase), nasal spray 50 mcg is now available for \$40 for each 90-day supply. There is a limit of four bottles per 90-day supply. For more information, call 1-800-769-3880.

Novartis and Roche add assistance programs

Novartis has Patient Assistance programs for Neoral, Sandimune and Myfortic. Call 800-277-2254 for more information. Roche has a Transplant Reimbursement Hotline for Cellcept and Valcyte at 800-772-5790.

Drug approved for irritable bowel syndrome with constipation

On April 29, 2008, the Food and Drug Administration (FDA) approved Amitiza (lubiprostone) for the treatment of Irritable Bowel Syndrome with Constipation (IBS-C) in adult women aged 18 and over. With this approval, Amitiza becomes the only FDA-approved medical treatment for IBS-C available in the United States.

As a treatment for IBS-C, Amitiza should be taken twice a day in 8 microgram doses with food and water. Patients and their health care professionals should periodically assess the need for continued therapy.

IBS

- Is a disorder characterized by cramping, abdominal pain, bloating, constipation, and diarrhea.
- Causes a great deal of discomfort and distress.
- Affects at least twice as many women as men.

AMITIZA SAFETY AND EFFECTIVENESS
The safety and effectiveness of Amitiza were established in two major studies involving 1,154 patients diagnosed with IBS-C. Most of the patients studied were women (approximately eight percent were men). The effectiveness of Amitiza in men was not conclusive for IBS-C. More patients treated with Amitiza reported that their IBS symptoms were moderately or significantly relieved over a 12-week treatment period than patients who received placebo (inactive substance).

SIDE EFFECTS

Common side effects of Amitiza include nausea, diarrhea, and abdominal pain. Other rare side effects include urinary tract infections, dry mouth, fainting (syncope), swelling of the extremities (peripheral edema), difficulty breathing (dyspnea), and heart palpitations.

continued ...

WHO SHOULD NOT TAKE AMITIZA?

- Children and men
- Patients suffering from severe diarrhea or patients with known or suspected bowel obstructions
- Patients with kidney or liver impairment, pregnant women, or nursing mothers

Amitiza is manufactured by Sucampo Pharmaceuticals, Bethesda, Md., and Takeda Pharmaceuticals America, Inc., Deerfield, Ill.

Source: FDA

Husband needs more than home help

Dear Marci,

My husband needs more help at home than I can give him myself. What resources are available to help us pay for this care?

~Cathy

Dear Cathy,

You and your husband will have to pay for this care yourselves unless you:

- Qualify for (the nation's largest payer of long-term care);
- Have a long-term care insurance policy;

- Qualify for coverage of a stay in a Medicare-approved skilled nursing facility (where Medicare coverage is very limited); or
- Qualify for Medicare's home health benefit

There may be resources in your area that can refer you to programs that can help you fund your long-term care needs.

Read the full article on Medicare Interactive (<http://www.kintera.org/TR.asp?a=juLYIaPNIdJRKJhL&s=frLWK8MHLaIQJaMOLuG&m=njJUK2PNLJK6G>) to find out what other assistance is available to help you fund your long-term care needs.

Source: Medicare

Timely information on the Medicare Prescription Drug Plan Finder

The North Dakota State Health Insurance Counseling (SHIC) office has noticed that the Medicare Prescription Drug Plan Finder does not calculate the correct monthly premiums when the beneficiary is eligible for the partial low income subsidy. Cindy Sheldon, SHIC director, has reported this issue to the regional office.

For example, if an individual has a partial subsidy, the calculator will show \$14.40 as the monthly premium for the beneficiary on the Humana Enhanced Plan. That is not correct. The premium would be as low as \$9.60 if the individual had a 75 percent partial subsidy and as high as \$12.80 if they had a 25 percent partial subsidy.

If this same individual has a full subsidy and enrolls in the Humana Enhanced Plan, the monthly premium would be \$8 because that is the cost that Humana has set for the Enhanced Plan. The insurance company is allowed to set the price for any plan that is not considered the basic plan for those receiving the low income subsidy.

If this same individual has a full subsidy and enrolls in the Humana Basic Plan, the monthly premium would be zero.

(As of May 22, 2008)